

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

11

06

2012

(d) 30-Day

POST-Election

Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

10

01

2012

10

17

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Graham

Signature of Treasurer

Meredith Graham

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

10

19

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012 | | 56707.96 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 63292.42 | |
| (c) Total Receipts (from Line 19) | 2476.00 | 75389.12 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 65768.42 | 132097.08 |
| 7. Total Disbursements (from Line 31) | 9235.67 | 75564.33 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 56532.75 | 56532.75 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 2 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 1 | 2 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 2476.00 | 75226.80 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ► | 2476.00 | 75226.80 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 2476.00 | 75226.80 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 162.32 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 2476.00 | 75389.12 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 2476.00 | 75389.12 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 235.67 | 22514.33 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 235.67 | 22514.33 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 9000.00 | 53000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 50.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 50.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 9235.67 | 75564.33 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9235.67 | 75564.33 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 2476.00 | 75226.80 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 50.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2476.00 | 75176.80 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 235.67 | 22514.33 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 162.32 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 235.67 | 22352.01 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heather Bradford

Mailing Address 527 Kirkland Ave

City State Zip Code
Kirkland WA 98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Women's Health

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

118.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2012

Transaction ID : SA11AI.6630

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

B. Janet Crawford

Mailing Address 500 W Hospital Rd

City State Zip Code
French Camp CA 95231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2012

Transaction ID : SA11AI.6637

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Jane Corbett Gehring

Mailing Address 1260 s Eliseo Dr

City State Zip Code
Greenbrae CA 94904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6634

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

151.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6630

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6637

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6634

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 22
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Gisele George

Mailing Address 715 D'Andrea Court

City Windsor State ZZ Zip Code 99999

FEC ID number of contributing federal political committee.

C

Name of Employer
Oakwood Hospital and Medical

Occupation
CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 11 / 2012

Transaction ID : SA11AI.6718

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michele Gibson-O'Grady

Mailing Address 2586 Douglas Lane

City Thompsons Station State TN Zip Code 37179

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 17 / 2012

Transaction ID : SA11AI.6641

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Cheryl A. Hanna-Truscott

Mailing Address 3916 45th St Ct NW

City Gig Harbor State WA Zip Code 98335

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

MB CAID

ARNP-ped sex assault

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

10 / 10 / 2012

Transaction ID : SA11AI.6667

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6641

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Betty Chern Hughes

Mailing Address 9801 Royal LN 102

City
Dallas

State
TX

Zip Code
75231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11AI.6639

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kansas Affiliate of ACNM

Mailing Address 5348 NW Lane Ct.

City
Topeka

State
KS

Zip Code
66618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2012

Transaction ID : SA11AI.6643

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Judy Lazarus

Mailing Address 8246 30th Ave. NE

City
Seattle

State
WA

Zip Code
98115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Weighbor Care

CNM/ Sr. Lecturer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 10 / 2012

Transaction ID : SA11AI.6668

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6639

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6643

|

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 13 OF 22
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Diana Matlack

Mailing Address 317 West 1st St.
Apt. 201

City State Zip Code
Oswego NY 13126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2012

Transaction ID : SA11AI.6632

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ohio Affiliate of ACNM

Mailing Address 10885 Lithopolis Rd.

City State Zip Code
Columbus OH 43110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2012

Transaction ID : SA11AI.6645

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robin Oliver

Mailing Address 55554 Whitney Court

City State Zip Code
Shelby Township MI 48315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American College of Nurse-Midwives

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 13 / 2012

Transaction ID : SA11AI.6646

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1075.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6632

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6645

|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6646

|

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Sharon S. Rising

Mailing Address 1220 East West Hwy #610

City

Silver Spring

State

MD

Zip Code

20910-3239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Centering Healthcare Institute

Occupation

CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Transaction ID : SA11AI.6669

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Barbara Sellars

Mailing Address 80 Maiden Lane
Suite 901

City

New York

State

NY

Zip Code

10038

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBS Midwifery

Occupation

midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

2476.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.6635

|

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City Lexington State KY Zip Code 40503-1920

Purpose of Disbursement
53 US Stamps @ \$0.45 each

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2012
Transaction ID : SB21B.6647

Amount of Each Disbursement this Period

23.85

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2012
Transaction ID : SB21B.6666

Amount of Each Disbursement this Period

151.87

Full Name (Last, First, Middle Initial)

C. Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Paypal Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2012
Transaction ID : SB21B.6665

Amount of Each Disbursement this Period

59.95

SUBTOTAL of Disbursements This Page (optional)..... ►

235.67

TOTAL This Period (last page this line number only)..... ►

235.67

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : SB21B.6647

|

Form/Schedule:
Transaction ID:

| | | | | | | | | | | | |
|--|-----|--|-----|----------|-----|--|-----|--|----|--|-----|
| | 21b | | 22 | X | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. CARPER FOR SENATE

The image shows three 10-pin D-sub connectors. The first connector is labeled '10' and has two pins labeled 'M'. The second connector is labeled '11' and has two pins labeled 'D'. The third connector is labeled '2012' and has four pins labeled 'Y'.

Category/
Type

2000.00

B. FRIENDS OF DAVE REICHERT

Category/
Type

1000.00

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)
C. FRIENDS OF JOE PITTS

Category/
Type

| Age Group | Percentage |
|-----------|------------|
| 18-24 | 25.00 |
| 25-34 | 20.00 |
| 35-44 | 15.00 |
| 45-54 | 10.00 |
| 55-64 | 8.00 |
| 65-74 | 6.00 |
| 75-84 | 4.00 |
| 85+ | 2.00 |

Office Sought: ☒ House
☐ Senate
☐ President
 State: PA District: 16

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 22

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. MALONEY FOR CONGRESS

Mailing Address 49 EAST 92ND ST

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| NEW YORK | NY | 10128 |

Purpose of Disbursement
Campaign Contribution

Candidate Name

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: NY | District: 12 |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 11 | | 2012 |

Transaction ID : SB23.6654

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. MIKE CRAPO FOR US SENATE

Mailing Address P.O. BOX 1948

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| BOISE | ID | 83701 |

Purpose of Disbursement
Campaign Contribution

Candidate Name

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President |
| State: ID | District: 00 |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 11 | | 2012 |

Transaction ID : SB23.6706

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| ROSWELL | GA | 30077 |

Purpose of Disbursement
Campaign Contribution

Candidate Name

| | |
|----------------|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: GA | District: 06 |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 11 | | 2012 |

Transaction ID : SB23.6708

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3000.00 |
|---------|

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 22

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. RICHARD E NEAL FOR CONGRESS COMMITTEE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 11 | | 2012 |

Mailing Address 76 MAGNOLIA TERRACE

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| SPRINGFIELD | MA | 01108 |

Transaction ID : SB23.6702Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: MA District: 01

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 2000.00 |
|---------|

| |
|---------|
| 9000.00 |
|---------|